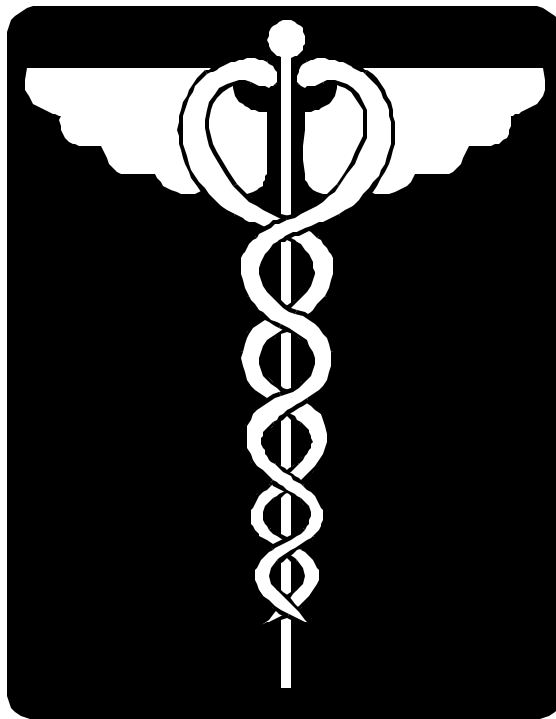


**2001 Statewide Medical & Health
Disaster Exercise**

**Auxiliary Communications Systems
EXERCISE GUIDEBOOK**

State of California
Emergency Medical Services Authority



NOVEMBER 15, 2001



**State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 15, 2001**

Executive Summary

Dear ACS Exercise Participant,

Welcome to the 2001 Statewide Medical and Health Disaster Guidebook! This is the 3rd annual medical and disaster exercise in the State of California, and this year we are expanding the participants to incorporate hospitals and other healthcare providers (including long term care facilities and clinics), pre-hospital care providers, blood banks, local and regional government agencies and the Auxiliary Communications System staff.

The Exercise Planning Committee created the scenario and elements of this exercise with an event that could occur in any community across the State. In addition, the scenario involves contaminated patients requiring decontamination to reinforce the learning principles from the 2000 exercise.

The Operational Area (County) Exercise Contact is the point of contact for planning, questions and education for the exercise. Please see page 17 of this guidebook for the listing of Exercise Contacts.

This guidebook is provided to the ACS and amateur radio operators to assist in standardizing radio (ACS) information flow from the operational area to the region and region to the State during a disaster or in the event of communication failure. The forms included in this guidebook are not intended to replace forms or information that each operational area requires.

Important Timelines and Deadlines

| | |
|--------------------------|--|
| <u>October 19, 2001</u> | Deadline to fax ACS Intent to Participate Form (page 9) to the Operational Area (County) Medical/Health Exercise Contact (see list of contacts on page 17). |
| <u>November 15, 2001</u> | Exercise begins at 0700 am with event occurring at 0800 am. During the exercise, status reports will be radioed to the Joint Emergency Operations Center (JEOC) beginning at 1100 am. |
| <u>November 30, 2001</u> | Deadline to complete and mail the Master Answer Sheet (page 10) to the California EMS Authority (see address on form) to receive a participation certificate. |

**Thank you for your commitment to disaster medical planning and preparedness.
We look forward to hearing about your successful exercise!**



**State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 15, 2001**

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EXERCISE OBJECTIVES

Hospital Objectives

Objective I: (JCAHO EC 1.4 (b) and EC 2.9.1)

Implement the facility's emergency preparedness response plan using a recognized incident command system (preferably HEICS).

Objective II: (JCAHO EC 1.4 (c, d))

Assess the status of your facility and communicate that status to appropriate governmental agencies including the operational area.

Objective III: (JCAHO EC 1.4 (n))

Assess the ability to respond to a hazardous materials incident, including victim decontamination.

Objective IV: (JCAHO EC 1.4 (c, d, m))

Assess back up systems or techniques for addressing loss of primary communication systems. Implement alternate communication systems to contact public/private medical and health officials, including local government, "sister" and other supportive area healthcare facilities or hospitals.

Objective V: (JCAHO EC 1.4 (h, i, j))

Assess the response capability of managing a large influx of patients and facility overcrowding.

Objective VI:

Assess the ability of your facility to shelter-in-place as a response strategy to an external hazardous materials threat.

Other Healthcare Facility Objectives (Includes SNF, LTC, psychiatric and clinic facilities)

Objective I:

Implement the facility's emergency preparedness response plan preferably using a recognized incident command-based system.

Objective II:

Assess the status of your facility and communicate that status to appropriate governmental agencies including the operational area.

Objective III:

Assess the ability of your facility to shelter-in-place.

**Statewide Medical & Health Disaster Exercise
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EXERCISE OBJECTIVES

Ambulance Objectives

Objective I:

Implement the provider's emergency preparedness response plan using a recognized incident command system.

Objective II:

Assess the status of your facility/agency and communicate that status to appropriate governmental agencies including the operational area.

Objective III:

Assess the provider's response to a hazardous materials incident.

Objective IV:

Utilize alternative communication systems to reach local government medical & health contacts including dispatch and local area hospitals.

Objective V:

Assess back-up systems or techniques to handle potential problems associated with at least one system critical to the operation of the service, i.e. alternate routing, equipment failure, flat tires, access to fuel, loss of power, etc.

Objective VI:

Assess the ability to manage transport of a large number of victims and coordinate with healthcare facilities and local medical/health contacts.

Amateur Radio Objectives

Objective I: (Pre-Exercise)

Identify agencies with auxiliary communications radios and ascertain the location of the operators and frequencies utilized.

Objective II: (Pre-Exercise)

Coordinate with local amateur radio operators on use of frequencies, protocols and forms used during an exercise/actual event.

Objective III: (Exercise)

Test regional/statewide network voice systems and redundant communications in coordination with local amateur radio operators, using established frequencies, protocols, and data collection/reporting forms.

**Statewide Medical & Health Disaster Exercise
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EXERCISE OBJECTIVES

Blood Bank Objectives

Objective I:

Activate multiple communication systems within the California Blood Bank Society (CBBS) network to communicate blood bank status and blood inventories to the CBBS EOC.

Objective II:

The CBBS EOC will communicate blood bank(s) status and blood inventory to the JEOC using multiple communication systems (fax, radio, telephone).

Operational Area (Exercise Contact Objectives)

Objective I:

Assess the operational area's ability to collect timely, accurate and appropriate data from participants.

Objective II:

Demonstrate the ability to access and transmit RIMS information to region and state medical and health authorities.

Objective III:

Evaluate RIMS system use, appropriateness, accuracy and for actual medical and health response and recovery actions.



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EXERCISE SCENARIO
Thursday, November 15, 2001

Scenario Simulation Time Line

- 7:00** The local newspaper and television station receive an anonymous call warning of a possible terrorist event. The caller states that due to recent decisions and events in the community, there would be a retaliatory attack in the near future. The caller does not give any more details. Local law enforcement and FBI are notified of the call.
- 8:00** A deranged person drives an 18-wheel tanker truck with a hazardous chemical into a large public gathering (such as a shopping mall, convention center, sporting event) in the area. This is possibly related to the terrorist call. There is a subsequent large explosion as the truck catches fire and the contents of the truck spill.
- 8:10** 9-1-1 receives many calls reporting the incident. EMS is called to respond to a large number of people fleeing the scene. Reports state that a plume has formed and is traveling downwind from the area heading toward a heavily populated area.
- 8:15** The chemical overcomes the first responders on scene. Many victims are dead at the scene. EMS, Fire and Law enforcement respond and set up a perimeter, isolating the site.
- 8:25** News reporters and helicopters surround the area. The hospitals and EMS personnel are watching the news for details of the incident. Hospitals and healthcare providers activate Emergency Preparedness Plans.
- 8:30** Many injuries are reported by EMS. Injuries include chemical exposures, burns, trauma, chemical contamination and hysterical (worried well) victims. Your facility or area, monitoring the news on television and radio, realizes that a plume may be moving in your direction. Your facility or area has been advised to “shelter-in-place” due to the plume drifting toward you. There are also many schools and long-term care facilities in the path of the plume.

The Operational Area Emergency Operations Center (OAEOC) activates. Messages go out to all cities, county departments, special districts, and Regional OES (REOCs) advising of the OA EOC's activation. City and county departments are asked to submit status reports ASAP via RIMS.

**Exercise Scenario
November 15, 2001**

- 8:30** Your command/management group assesses that the plume is moving rapidly toward the facility/area and that evacuation is not possible. The decision is made to shelter-in-place and orders go out to facility managers to begin the process.
- 8:35** Public Health announcements via the public alert system go out to residents advising them to stay indoors, turn off any heat/air conditioning or ventilation systems.
- 9:00** Victims begin to arrive at the hospital by self-referral. EMS has been notified to divert patients to facilities outside of the plume area. The worried well also arrive demanding to be protected from the chemical. Some victims require decontamination while others require medical treatment. **Note: your facility is shut down in “shelter-in-place” status. What will you do with the arriving patients?**
- 9:15** The plume has traveled one mile from the area and is now dissipating. Fire officials and hazardous materials response teams have identified the chemical in the truck as Anhydrous Ammonia. The emergency responders, hospitals and the public are notified. **Reminder to exercise controller, identification of the chemical should not be revealed to participants until this point in the exercise.**
- 9:30** Phone lines are jammed with many people attempting calls. The phone system fails and there is an unknown time to re-establish service. Auxiliary Communications Systems are employed in the area.
- 9:45** The Regional Emergency Operations Center, the Joint Emergency Operations Center and the State Operations Center are now open and receiving requests for assistance in the local area.
- 10:00** The plume has completely dissipated and public alert announcements relay that it is now safe to go outside. The “all clear” is sounded and the need to shelter-in-place is discontinued.
- The media arrive at your agency/facility demanding to interview patients and staff.
- 10:30** Phone service has been re-established in the area.
- 11:00** All facilities, agencies and providers report status to the Operational Area.
- 11:30** The Regional Emergency Operations Center begins to receive reports from the operational area and relays the information and resource requests to the Joint Emergency Operations Center and the State Operations Center.
- 12:00** Exercise ends.



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**INTENT TO PARTICIPATE
For Amateur Radio, CARES, and RACES Providers**

**This form must be faxed to the Operational Area (County) Medical/Health Exercise
Contact by FRIDAY, October 19, 2001. (See PAGE 17 for listing)**

Name of
Amateur Radio Association: _____

Amateur Radio Exercise Contact: _____

County/Area/Facility Served: _____

Address: _____

City: _____ Zip: _____

Telephone #: _____ FAX: _____

Email: _____

Call Sign: _____

Frequencies: _____

Please check appropriate box for your amateur radio association/agency participation in the
Statewide Exercise, November 15.

☒ Will participate

☐ Will not participate

Please fax this form to the Operational Area (County) Medical/Health Exercise Contact (see page
38 in the Exercise Guidebook) by **Friday, October 19, 2001**.



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ACS, Amateur Radio, CARES and RACES
MASTER ANSWER SHEET

Complete this **Master Answer Sheet** for responses to the ACS, Amateur Radio, CARES and RACES Exercise Evaluation Form and mail only this page to the address below.

Organization Name: _____

Address: _____

City: _____ Zip: _____

Disaster Coordinator/Evaluator Name: _____

Telephone #: _____ Fax #: _____

Email: _____

Please circle the single best answer to each question.

1. a b c d e f g

8. a b c

2. a b c d

9. a b c

3. a b c

10. a b c

4. a b c

11. a b c d

5. a b c

12. a b c

6. a b c

13. Comments?

7. a b c

Please write comments, suggestions or thoughts about the exercise on reverse side of this answer sheet, attach additional pages as needed. We appreciate your comments!

Mail completed answer sheet by **NOVEMBER 30, 2001** to:
California Emergency Medical Services Authority
1930 9th Street
Sacramento, CA 95814
Attn: Disaster Exercise



**State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 15, 2001**

**ACS, AMATEUR RADIO, CARES and RACES
EXERCISE EVALUATION FORM**

This form is to be completed by each participating radio provider.

Please use the attached **Master Answer Sheet** (page 10) for Amateur Radio when recording your responses. Be sure to complete every question before submitting the answer sheet to the EMS Authority. Certificates for Participation will be provided only upon receipt of the 2001 Exercise Participation Evaluation Master Answer Sheet.

1. Circle the single best answer that describes which OES Mutual Aid Region your organization is in (Listed on page 23).
 - A. Region I
 - B. Region II
 - C. Region III
 - D. Region IV
 - E. Region V
 - F. Region VI
 - G. Don't Know

2. Please circle the single best answer that describes your organization.
 - A. Amateur Radio Volunteer
 - B. CARES
 - C. RACES
 - D. Other: (specify) _____

3. Did you activate your disaster plan during the exercise?
 - A. Yes
 - B. No
 - C. Don't know

4. Does your disaster plan utilize the Incident Command System (ICS)?
 - A. Yes
 - B. No
 - C. Don't know what ICS is.

5. Did you educate the hospitals and operators in your area about the frequencies, information packet and protocols pre-exercise?
 - A. Yes
 - B. No
 - C. Don't know

6. Did you coordinate, pre-exercise, with local amateur radio operators on frequencies and protocols to use during the November 15 exercise?
 - A. Yes
 - B. No
 - C. Don't know

**ACS, AMATEUR RADIO, CARES AND RACES
EXERCISE EVALUATION FORM**

7. Did you transmit the hospital information?
 - A. Yes
 - B. No
 - C. Don't know
8. Was the transmitted data received and accepted?
 - A. Yes
 - B. No
 - C. Don't know
9. Did you activate the regional/statewide network voice systems during the exercise?
 - A. Yes
 - B. No
 - C. Don't know
10. Were frequencies and channels open and available for transmission during the exercise?
 - A. Yes
 - B. No
 - C. Don't Know
11. How would you evaluate your organization's response to the event and initiation of the disaster plan?
 - A. Excellent, no changes needed in the disaster plan
 - B. Good, minor changes in the system/disaster plan identified
 - C. Fair, moderate changes needed in the system/disaster plan identified
 - D. Needs improvement, substantial disaster plan review and changes identified
12. In general, were you satisfied with the November 15 Statewide exercise?
 - A. Yes
 - B. No
 - C. Don't know
 - D. N/A
13. Additional Comments and Recommendations?

Please write additional comments on the back of the Master Answer sheet and attach additional pages as needed. We appreciate your feedback!

Thank you for your participation with this survey.

Please mail the **COMPLETED MASTER ANSWER SHEET** to:

**California Emergency Medical Services Authority
1930 9th Street
Sacramento, CA 95814**

Attn: Disaster Exercise



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 15, 2001

Glossary of Terms

| | |
|--|--|
| Anhydrous Ammonia | <p>A chemical liquid that vaporizes. Vapors are extremely irritating and corrosive and may be fatal if inhaled. Contact with gas or liquefied gas may cause burns, severe injury and/or frostbite. Fire will produce irritating, corrosive and/or toxic gases. Runoff from fire control may cause pollution.</p> <p>For more information see Department of Transportation, 2000 Emergency Response Guidebook (ERG 000), Guide 125, Page 215, ID Number 1005 or other resources.</p> |
| Auxiliary Communications Services (ACS) | <p>The Auxiliary Communications Service (ACS) is an emergency communications unit that provides State and local government with a variety of professional unpaid [volunteer] skills, including administrative, technical and operational for emergency tactical, administrative and logistical communications; such as with its agencies, cities within the Operational Area, neighboring governments, and the State OES Region. Its basic mission is the emergency support of civil defense, disaster response, and recovery with telecommunications resources and personnel.</p> |
| California Amateur Radio Emergency Services (CARES) | <p>CARES is specifically tasked to provide amateur radio communications support for the medical and health disaster response to state government.</p> |
| Communications Exercise | <p>The communications exercise is designed to test and evaluate communication systems including lines and methods of communicating during a disaster. Alternative communication systems can also be tested, including amateur radio, cell, and satellite systems, among others.</p> |
| Decontamination | <p><u>Hazardous materials</u>: Decontamination consists of removing contaminants or changing their chemical nature to innocuous substances.</p> <p><u>Radioactive materials</u>: The reduction or removal of radioactive material from a structure, area, person or object. A surface may be treated, washed down or swept to remove the contamination. Isolating the area or object contaminated, and letting the material stand can also control contamination.</p> |

Glossary of Terms

| | |
|---|---|
| Emergency | A condition of disaster or of extreme peril to the safety of persons and property caused by such conditions as air pollution, fire, flood, hazardous material incident, storm, epidemic, riot, drought, sudden and severe energy shortage, plant or animal infestations or disease, the Governor's warning of an earthquake or volcanic prediction, or an earthquake or other conditions, other than conditions resulting from a labor controversy. |
| Emergency Operations | Those actions taken during the emergency period to protect life and property, care for the people affected, and temporarily restore essential community services. |
| Emergency Operations Center | A centralized location from which emergency operations can be directed and coordinated. |
| Exposure versus contamination | <u>Exposure</u> : Subjected to, or exposed to, a contaminant in an unprotected or partially protected manner, but not necessarily contaminated by an agent. <u>Contamination</u> : Contact with a hazardous or infective agent in an unprotected manner. |
| Functional Exercise | The functional exercise is an activity designed to test or evaluate the capabilities of the disaster response system. It can take place in the location where the activity might normally take place, such as the command center or incident command post. It can involve deploying equipment in a limited, function-specific capacity. This exercise is fully simulated with written or verbal messages. |
| Full Scale Exercise | This type of exercise is intended to evaluate the operational capability of emergency responders in an interactive manner over a substantial period of time. It involves the testing of a major portion of the basic elements existing in the emergency operations plans and organizations in a stress environment. Personnel and resources are mobilized. |
| Hazardous material | A substance or combination of substances, which, because of quantity, concentration, physical, chemical radiological, explosive, or infectious characteristics, poses a substantial present or potential danger to humans or the environment. |
| Hazardous material incident | Any release of a material capable of posing a risk to health, safety and property. Areas at risk include facilities that produce, process, transport or store hazardous material, as well as all sites that treat, store, and dispose of hazardous material. |
| Hospital Emergency Incident Command System (HEICS) | HEICS is an emergency management system that employs a logical, unified management (command) structure, defined responsibilities, clear reporting channels, and a common nomenclature to help unify hospitals with other emergency responders. Information on HEICS can be obtained through the California EMS Authority at 916-322-4336 or on the website at www.emsa.ca.gov . |

Glossary of Terms

| | |
|--|--|
| Incident Command System (ICS) | The nationally used standardized on-scene emergency management concept specifically designed to allow its user(s) to adopt an integrated organizational structure equal to the complexity and demand of single or multiple incident without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, with the responsibility to management of resources to effectively accomplish stated objectives pertinent to an incident. |
| Joint Emergency Operations Center (JEOC) | The JEOC is a unified operations center for medical and health response to disasters. The JEOC is responsible for developing and implementing combined State-level medical and health policy, managing State-level medical and health response, procurement of medical and health resources, developing the State-level medical and health action plan and maintaining accurate information on the medical and health situation. |
| Local Emergency (State definition) | The duly proclaimed existence of conditions of disaster or of extreme peril to the safety of persons and property within the territorial limits of a county, city and county, or city, caused by such conditions as air pollution, fire, flood, storm, epidemic, riot, earthquake or other conditions which are, or are likely to be, beyond the control of the services, personnel, equipment and facilities of a political subdivision and require the combined forces of other political subdivisions to combat. |
| Long-Term Care Facilities | A collective term for healthcare facilities designated for the care and treatment of patients or residents requiring rehabilitation or extended care for chronic conditions. The Department of Health Services, Licensing and Certification Division licenses these facilities. |
| Medical and Health Operational Area Coordinator (MHOAC) (Formerly known as OADMHC) | The OAC is responsible for coordinating mutual aid resource requests, facilitating the development of local medical/health response plans and implementing the medical/health plans during a disaster response. During a disaster, the OAC directs the medical/health branch of the Operational Area EOC and establishes priorities for medical/health response and requests. This coordinator was formerly known as the Operational Area Disaster Medical/Health Coordinator. |
| Operational Area | An intermediate level of the State emergency services organization, consisting of a county and all political subdivisions within the county. |
| Radio Amateur Civilian Emergency Services (RACES) | The RACES is a local or state government program established by a civil defense official. It becomes operational by: 1) appointing a Radio Officer, 2) preparing a RACES Plan, and 3) training and utilizing FCC licensed Amateur Radio operators. RACES (whether part of an ACS, or as a stand along unit) is usually attached to a state or local government's emergency preparedness office, or to a department designated by that office, such as the sheriff's, or communications department. |

Glossary of Terms

| | |
|---|---|
| Regional Emergency Operations Center (REOC) | The Regional Emergency Operations Center (REOC) is the first level facility of the Governor's Office of Emergency Services to manage a disaster. The REOC provides an emergency support staff operating from a fixed facility, who are responsive to the needs of the operational areas and coordinates with the State Operations Center. |
| Regional Disaster Medical & Health Coordinator (RDMHC) | As prescribed in legislation, the principal function of the RDMHC during a disaster is to act as an agent of the State for the purpose of locating, mobilizing and deploying mutual aid resources at the request of State officials in support of mutual aid requests from other impacted regions. |
| Regional Disaster Medical & Health Specialist (RDMHS) | The RDMHS assists the State in the development of regional plans for the provision of medical and health mutual aid resources and coordinates intra-regional medical and health mutual aid in the event of a disaster within the region. |
| Response Information Management System (RIMS) | The Response Information Management System (RIMS) is an Internet based information management system and consists of a set of databases designed to collect information on the disaster situation, communicate action plans and request mission assignments. RIMS is accessed and utilized by operational areas, regional and State governmental agencies. |
| Shelter-in-Place | Shelter-In-Place: Nationally accepted term indicating the need to go or stay inside, close all sources of outside air and listen to instructions broadcast. It is the process of protecting yourself and your facility from the environmental hazards resulting from a chemical release. The mnemonic is: "Shelter-Shut & Listen". |
| Standardized Emergency Management System (SEMS) | SEMS is the emergency management system identified by Government code 8607 for managing emergency response to multi-agency or multi-jurisdictional operations. SEMS is based on the Incident Command system and is intended to standardize response to emergencies in California. |
| State Operations Center (SOC) | The SOC is established by OES to oversee, as necessary, the REOC, and is activated when more than one (1) REOC is opened. The SOC establishes overall response priorities, and coordinates with federal responders. |
| Status Codes | Green: Provider is able to carry out normal operational functions Yellow: Some reductions in patient services, but overall, provider is able to carry out normal operational functions Red: Significant reductions in-patient services. Emergency services only being provided. Black: Provider has been severely affected. Unable to continue any services |
| Tabletop Exercise | An exercise that takes place in a classroom or meeting room setting. Situations and problems presented in the form of written or verbal questions generate discussions of actions to be taken based upon the emergency plan and standard emergency operating procedures. The purpose is to have participants practice problem solving and resolve questions of coordination and assignment in a non-threatening format, under minimal stress. |



**State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 15, 2001**

Operational Area (County) Medical/Health Exercise Contacts

| COUNTY | CONTACT NAME, TITLE & ADDRESS | CONTACT NUMBERS |
|---|---|---|
| Alameda | Cynthia Frankel Alameda EMS 1000 Broadway Ste 500 Oakland, CA 94607 | Phone: 510-267-8080 Fax: 510-465-5624 Email: cfrankel@ph.mail.co.alameda.ca.us |
| Alpine Amador Calaveras Stanislaus | Doug Buchanan Deputy Director Mountain Valley EMS 1101 Standiford Ave Modesto, CA 95350 | Phone: 209-529-5085 Fax: 209-529-1496 Email: dbuchanan@mvemsa.com |
| Butte | Dr. Mark Lundberg Health Officer 18 County Center Dr., Suite B Oroville, CA 95965 | Phone: 530-538-7581 Fax: 530-538-2165 Email: mlundberg@buttecounty.net |
| Colusa | Dr. James Dibdin Health Officer 251 E. Webster St. Colusa, CA 95932 | Phone: 530-458-0280 Fax: 530-458-4136 Email: HO@colusanet.com |
| Contra Costa | Dan Guerra Contra Costa EMS 50 Glacier Drive Martinez, CA 94553 | Phone: 925-646-4690 Fax: 925-646-4379 Email: dguerra@hsd.co.contra-costa.ca.us |
| Del Norte | Barbara Center RDMHS- Region II 1340 Arnold Drive #126 Martinez, CA 94553 | Phone: 925-646-4690 Fax: 925-646-4379 Email: bcenter@hsd.co.contra-costa.ca.us |
| El Dorado | Kaya Goodwin El Dorado Public Health 931 Spring Street Placerville, CA 95667 | Phone: 530-621-6119 Fax: 530-626-4713 Email: gehamlin@innercite.com |
| Fresno Kings Madera | Lee Adley, RDMHS PO Box 11867 Fresno, CA 93775 | Phone: 559-445-3387 Fax: 559-445-3205 Email: Ladley@fresno.ca.gov |
| Glenn | Susan Thurman Public Health 240 N. Villa Avenue Willows, CA 95988 | Phone: 530-934-6588 Fax: 530-934-6463 Email: NA |

Operational Area (County) Medical/Health Exercise Contacts

| COUNTY | CONTACT NAME, TITLE & ADDRESS | CONTACT NUMBERS |
|-------------|---|---|
| Humboldt | Clarke Guzzi Humboldt Public Health 529 "I" Street Eureka, CA 95501 | Phone: 707-268-2187 Fax: 707-445-6097 Email: cguzzi@co.humboldt.ca.us |
| Imperial | John Pritting 935 Broadway El Centro, CA 92243 | Phone: 760-482-4468 Fax: 760-482-9933 Email: johnpritting@imperialcounty.net |
| Inyo | Tamara Pound PO Box Drawer H Independence, CA 93526 | Phone: 760-878-0232 Fax: 760-878-0241 Email: inyohhs@qnet.com |
| Kern | Russ Blind Interim EMS Director 1400 H Street Bakersfield, CA 93301 | Phone: 661-861-3200 Fax: 661-322-8453 Email: blindr@co.kern.ca.us |
| Lake | Richard Arnold Lake Co. Dept. of Health 922 Bevins Ct. Lakeport, CA 95453 | Phone: 707-263-1090 Fax: 707-263-1662 Email: richarda@co.lake.ca.us |
| Lassen | Chip Jackson OES 220 S. Lassen, Suite 1 Susanville, CA 96130 | Phone: 530-251-8222 Fax: 530-257-9363 Email: lascooes@psln.com |
| Los Angeles | Larry Smith, MHOAC 5555 Ferguson Drive Ste. 220 Commerce, CA 90022 | Phone: (323) 890-7559 Fax: (323) 890-8536 Email: lasmith@dhs.co.la.ca.us |
| Marin | Troy Peterson Marin EMS 161 Mitchell Blvd. Ste. 100 San Rafael, CA 94903 | Phone: 415-499-3287 Fax: 415-499-3747 Email: tpeterson@marin.org |
| Mariposa | Glyn Scharf EMS Coordinator PO Box 5 Mariposa, CA 95338 | Phone: 209-966-3689 Fax: 209-966-4929 Email: to be announced |
| Mendocino | Steve Francis Coastal Valley EMS/Mendocino 890 Bush St. Ukiah, CA 95482 | Phone: 707-463-4590 Fax: 707-467-2551 Email: franciss@co.mendocino.ca.us |
| Merced | Chuck Baucom EMS Administrator 260 E. 15 th Street Merced, CA 95340 | Phone: 209-381-1255 Fax: 209-389-1381 Email: he39@co.merced.ca.us |

Operational Area (County) Medical/Health Exercise Contacts

| COUNTY | CONTACT NAME, TITLE & ADDRESS | CONTACT NUMBERS |
|-----------|--|---|
| Modoc | Nancy Ballard Modoc Co. OES P.O. Drawer 460 Alturas, CA 96101 | Phone: 530-233-4416 Fax: 530-233-4971 Email: nballard@sheriff.co.modoc.ca.us |
| Mono | Chris Mokracek PO Box 616 Bridgeport, CA 93517 | Phone: 760-932-5210 Fax: 760-934-5198 Email: jaichermcso@aol.com |
| Monterrey | Don Hiatt Monterey EMS 19065 Portola Dr. Ste. 1 Salinas, CA | Phone: 831-755-5013 Fax: 831-455-0680 Email: hiattd@co.monterey.ca.us |
| Napa | Randy Linthicum Coastal Valley EMS/Napa 1500 Third Street Suite B Napa, CA 94559 | Phone: 707-253-4199 Fax: 707-259-8122 Email: rlinthic@co.napa.ca.us |
| Nevada | Jess Montoya Nevada Co. Health & Human Services 10433 Willow Valley Rd Nevada City, CA 95959 | Phone: 530-265-7016 Fax: 530-265-1426 Email: jess.montoya@co.nevada.ca.us |
| Orange | Paul Russell, MHOAC 405 West Fifth St. Suite 301A Santa Ana, CA 92701 | Phone: (714) 834-3124 Fax: (714) 834-3125 Email: prussell@hca.co.orange.ca.us |
| Placer | Young Rodriguez Placer County OES 2968 Richardson St. Auburn, CA 95603 | Phone: 530-886-5300 Fax: 530-886-5343 Email: yrodrigu@placer.ca.gov |
| Plumas | Sandy Norton, PHN Health Dept. PO Box 3140 Quincy, CA 95971 | Phone: 530-283-6346 Fax: 530-283-6110 Email: snorton@pchealth.net |
| Riverside | Karen Petrilla 4065 County Circle Dr. PO box 7600 Riverside, CA 92513 | Phone: 909-358-5029 Fax: 909-358-5160 Email: kpetrill@co.riverside.ca.us |

Operational Area (County) Medical/Health Exercise Contacts

| COUNTY | CONTACT NAME, TITLE & ADDRESS | CONTACT NUMBERS |
|-----------------|---|---|
| Sacramento | Bruce Wagner Sacramento Co. EMS 9616 Micron Ave. Ste 635 Sacramento, CA 95827 | Phone: 916-875-9753 Fax: 916-875-9711 Email: wagner@saccounty.net |
| San Benito | Margie Riopel San Benito County EMS 471 Fourth Street Hollister, CA 95023 | Phone: 831-636-4168 Fax: 831-636-4104 Email: sboes@hollinet.com |
| San Bernardino | George Bolton Medical/Health Disaster Coordinator 515 N. Arrowhead Ave. San Bernardino, CA 92415 | Phone: 909-388-5831 Fax: 909-388-5825 Email: gbolton@ph.co.san-bernadino.ca.us |
| San Diego | Jeri Bonesteele 6255 Mission Gorge Rd San Diego, CA 92120 | Phone: 619-285-6505 Fax: 619-285-6531 Email: jboneshe@co.san-diego.ca.us |
| San Francisco | Steve LaPlante San Francisco EMS 1540 Market St. Suite 220 San Francisco, CA 94102 | Phone: 415-554-9149 Fax: 415-241-0519 Email: steve_laplante@dph.sf.ca.us |
| San Joaquin | Darrell Cramphorn San Joaquin EMS PO Box 1020 Stockton, CA 95201 | Phone: 209-468-6818 Fax: 209-468-6725 Email: dcramphorn@co.san-joaquin.ca.us |
| San Luis Obispo | Tom Lynch, MHOAC 712 Fiero Lane, #29 San Luis Obispo, CA 93401 | Phone: (805) 546-8728 Fax: (805) 546-8736 Email: sloemsa@fix.net |
| San Mateo | Matt Lucett San Mateo EMS 225 W. 37 th Avenue San Mateo, CA 94403 | Phone: 650-573-2564 Fax: 650-573-2029 Email: mlucett@co.sanmateo.ca.us |
| Santa Barbara | Rick Ceriale, MHOAC 300 North San Antonio Rd - Santa Barbara, CA 93110-1316 | Phone: (805) 681-5274 Fax: (805) 681-5142 Email: rcerial@co.santa-barbara.ca.us |

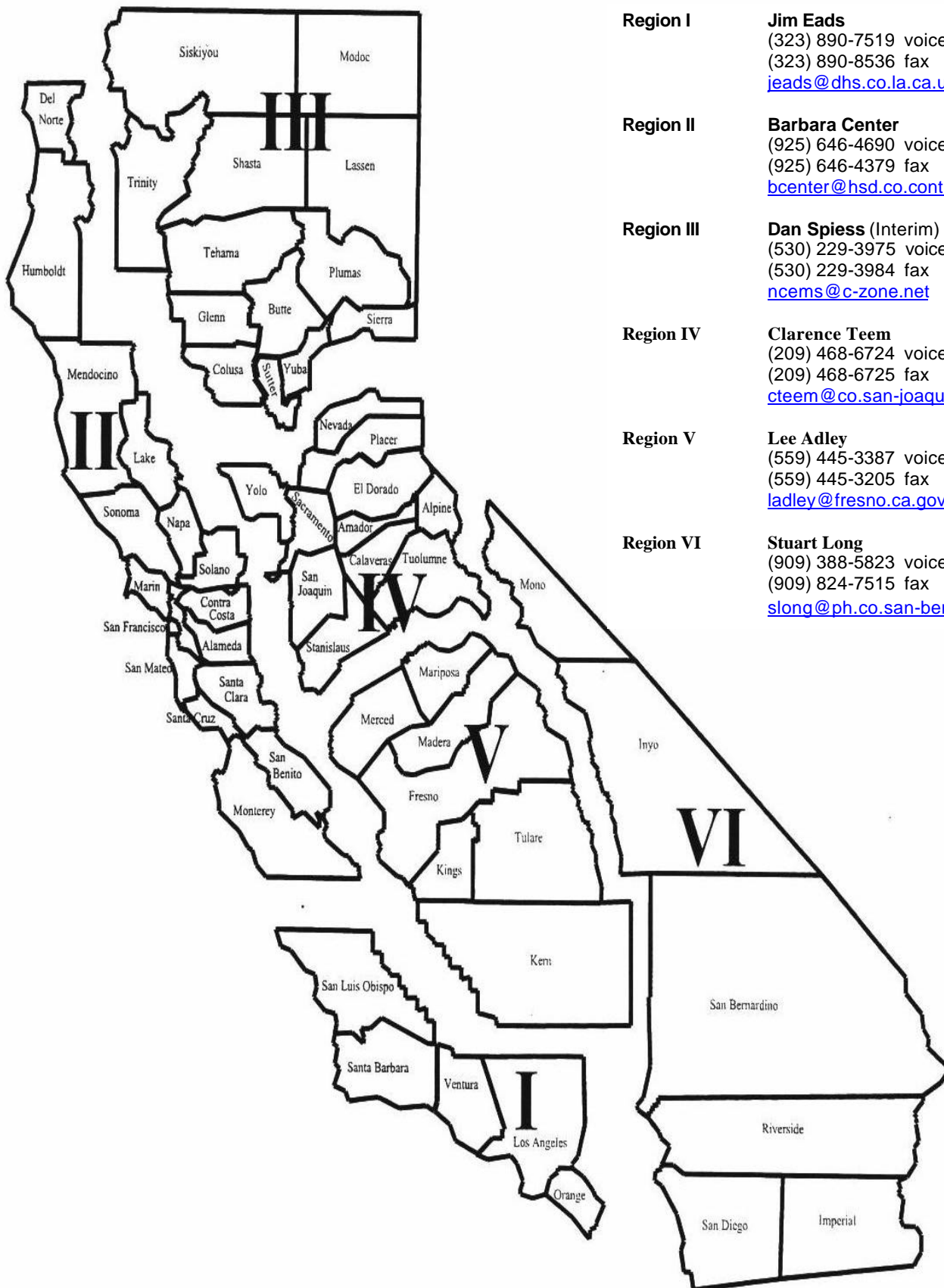
Operational Area (County) Exercise Contacts

| COUNTY | CONTACT NAME, TITLE & ADDRESS | CONTACT NUMBERS |
|-------------|---|---|
| Santa Clara | Robert Petrucci Santa Clara EMS 645 So. Bascom Ave. Suite 125 San Jose, CA 95128 | Phone: 408-885-4252 Fax: 408-885-3538 Email: rob.petrucci@hhs.co.santa-clara.ca.us |
| Santa Cruz | Vol Ranger Santa Cruz EMS 1080 Emeline Ave. Santa Cruz, CA 95060 | Phone: 831-454-4751 Fax: 831-454-4272 Email: v.ranger@health.santa-cruz.ca.us |
| Shasta | Melissa Janulewicz Family Health Manager 2650 Breslauer Way Redding, CA 96001 | Phone: 530-225-5066 Fax: 530-225-5074 Email: mjanulewicz@co.shasta.ca.us |
| Sierra | Liz Fisher OES PO Box 513 Downieville, CA 95936 | Phone: 530-289-0212 Fax: 530-289-3339 Email: scoes@sccn.net |
| Siskiyou | Grizz Adams OES 311 Lane St. Yreka, CA 96097 | Phone: 530-842-8379 Fax: 530-842-8378 Email: sisgoes@snowcrest.net |
| Solano | Michael Frenn Solano EMS 1735 Enterprise Dr. Bldg. #3, MS 3-110 Fairfield, CA 94533 | Phone: 707-421-6685 Fax: 707-421-6682 Email: mfrenn@solanocounty.com |
| Sonoma | Mike DuVall Coastal Valley EMS 3273 Airway Dr. Ste E Santa Rosa, CA 95403 | Phone: 707-565-6501 Fax: 707-565-6506 Email: mduvall@sonoma-county.org |
| Sutter | Mike Harrold OES 1160 Civic Center Blvd., #E Yuba City, CA 95993 | Phone: 530-822-7400 Fax: 530-822-7109 Email: mharrold@co.sutter.ca.us |
| Tehama | Valerie Lucero, PHN Health Dept. 1860 Walnut St. Red Bluff, CA 96080 | Phone: 530-527-6824 Fax: 530-0362 Email: lucero@tcha.net |
| Trinity | Elise Osvold- Doppelhaur, PHN Health Dept. PO Box 1470 Weaverville, CA 96093 | Phone: 530-623-8215 Fax: 530-623-1297 Email: eosvolddoppelhauer@trinitycounty.org |

Operational Area (County) Medical/Health Exercise Contacts

| COUNTY | CONTACT NAME, TITLE & ADDRESS | CONTACT NUMBERS |
|----------|--|---|
| Tulare | Patricia Crawford EMS Director 5957 S. Mooney Blvd. Visalia, CA 93277 | Phone: 559-737-4660 Fax: 559-737-4693 Email: pcrawfor@tularehhsa.org |
| Tuolumne | Dan Burch Tuolumne EMS 1210 Sanguinetti Rd. Sonora, CA 95370 | Phone: 209-536-0620 Fax: 209-533-4761 Email: tcems@mlode.com |
| Ventura | Josh Davies, MHOAC 2323 Knoll Drive #100 - Ventura, CA 93003 | Phone: (805) 677-5270 Fax: (805) 677-5290 Email: josh.davies@mail.co.ventura.ca.us |
| Yolo | Dan McCanta Yolo OES 35 No. Cottonwood St. Woodland, CA 95698 | Phone: 530-666-8930 Fax: 530-666-8909 Email: yolo-oes@yolo.com |
| Yuba | Kelly Purdom OES 215 5 th St. Marysville, CA 95901 | Phone: 530-749-7520 Fax: 530-741-6549 Email: kpoes@yahoo.com |

OES Mutual Aid Regions



Regional Disaster Medical/Health Specialists

| | |
|-------------------|---|
| Region I | Jim Eads (323) 890-7519 voice (323) 890-8536 fax jeads@dhs.co.la.ca.us |
| Region II | Barbara Center (925) 646-4690 voice (925) 646-4379 fax bcenter@hsd.co.contra-costa.ca.us |
| Region III | Dan Spiess (Interim) (530) 229-3975 voice (530) 229-3984 fax ncems@c-zone.net |
| Region IV | Clarence Teem (209) 468-6724 voice (209) 468-6725 fax cteem@co.san-joaquin.ca.us |
| Region V | Lee Adley (559) 445-3387 voice (559) 445-3205 fax ladley@fresno.ca.gov |
| Region VI | Stuart Long (909) 388-5823 voice (909) 824-7515 fax slong@ph.co.san-bernardino.ca.us |

Auxiliary Communications Systems Forms



**State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 15, 2001**

Use of ACS Forms

As stated in the Executive Summary, these ACS forms are to be utilized to facilitate standardization of medical and health information and communication flow from the operational area to the region and region to the State during a disaster or in the event of communication failure. The forms included in this guidebook are not intended to replace forms, information or communication systems required by the operational area, medical-health branch.

The Auxiliary Communications Forms # ACS-001 and #ACS-002 are intended to be utilized when standard communications systems are not functioning, and information is conveyed through auxiliary communication systems. However, the data on these forms, based on the Response Information Management System (RIMS) fields, is critical information for the region and the State to receive from the operational area during a disaster. The ACS Planning Committee recommends that the operational area compile this data/information for communication to the region and state during all disasters, and not only when Auxiliary Communications Systems are utilized.

The **Initial Medical/Health Status Report** is recommended to be completed within two (2) hours after the event occurs. This form can be utilized for communication from the operational area to region and region to State reporting.

The **Expanded Medical/Health Status Report** is recommended to be completed regularly after the initial two hours of the event. This form can be utilized for communication from the operational area to region and region to State reporting.

On the reverse side of the Status Report forms is a key with definitions and a facility functional status decision tree. It is recommended that when these forms are printed (Xeroxed) that the key is printed on the back of the form to promote consistency.

Place

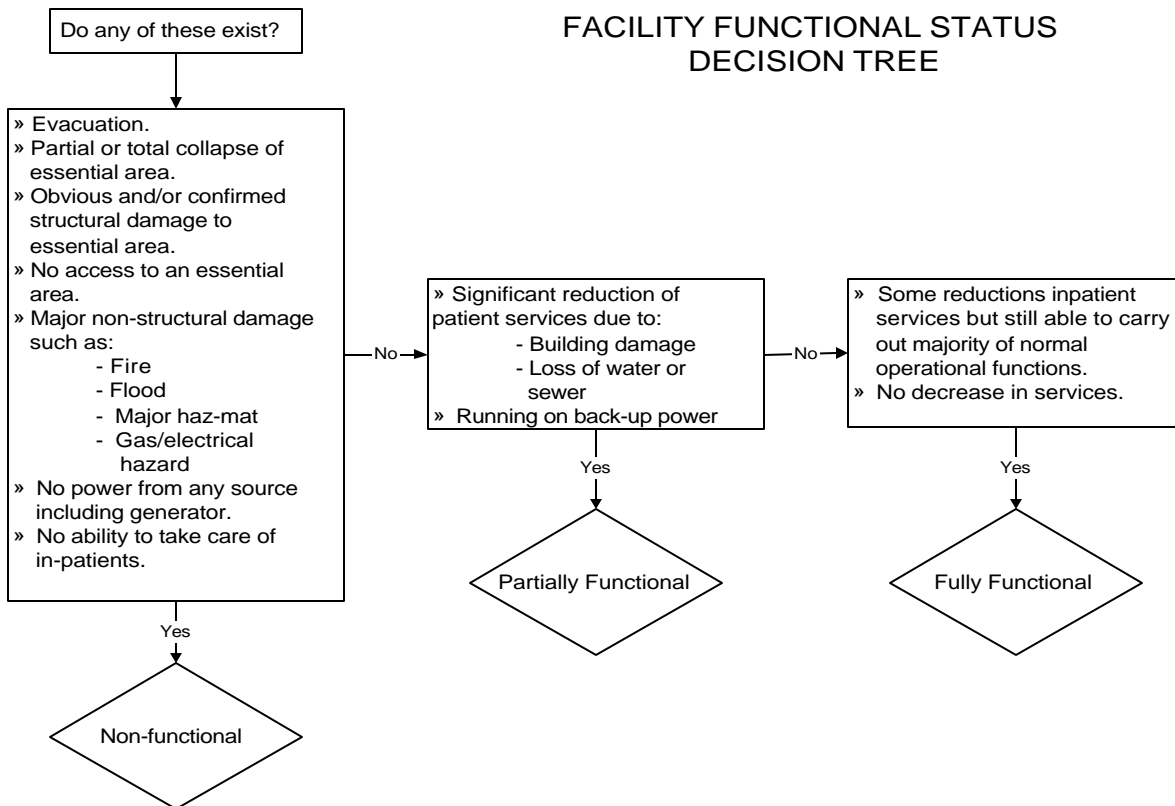
**Initial Medical/Health Status Report
Form # ACS-001**

Here

Place

**Expanded Medical/Health Status Report
Form # ACS-002**

Here



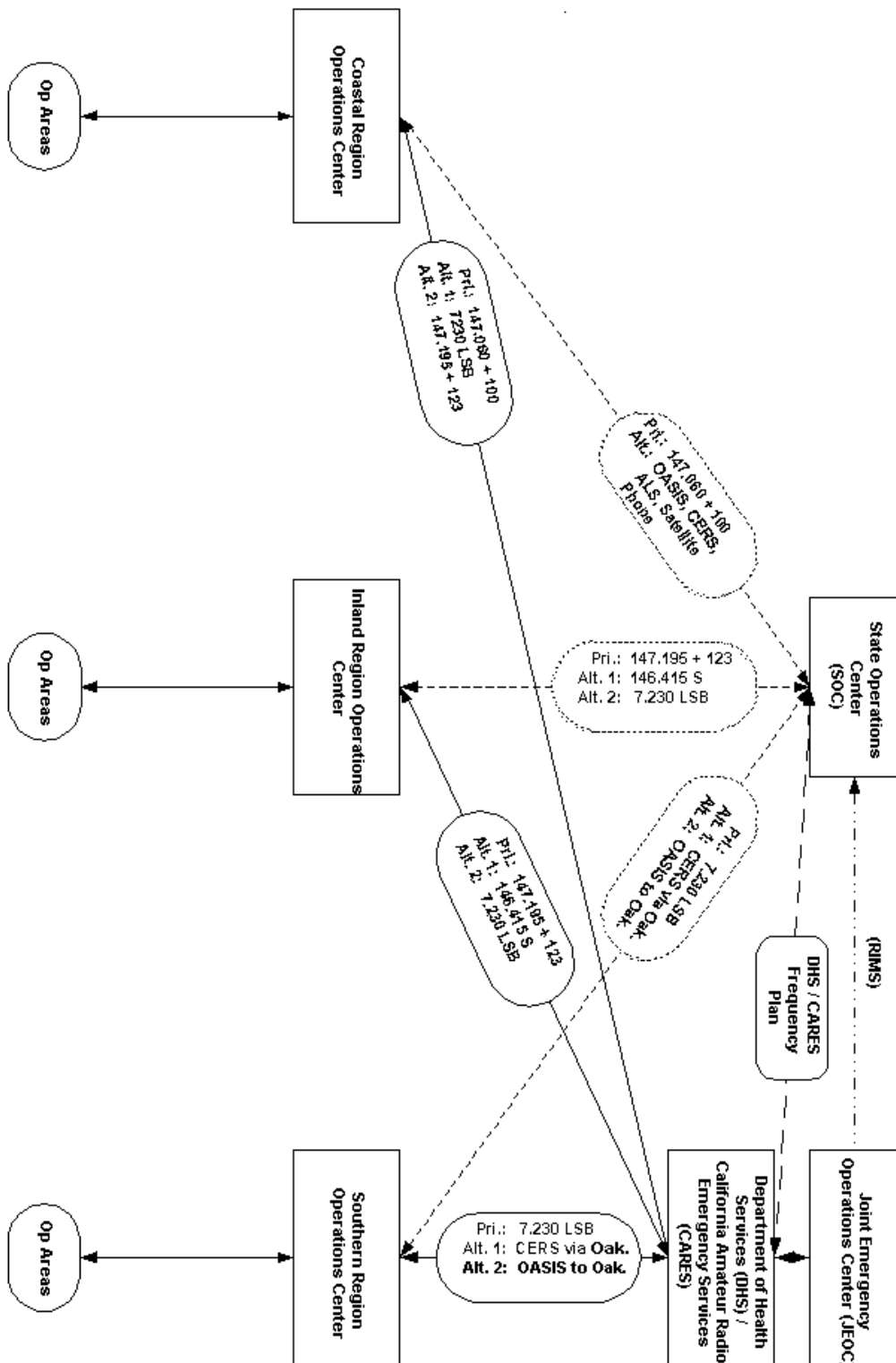
Key/Definitions

| | |
|--|--|
| Major Injury | An immediate threat to the patient's life or limb exists and medical intervention is required immediately, excluding deaths. |
| Minor Injury | No threat to the patient's life or limb exists and medical intervention is required within 24-48 hours |
| Facility Functionality (Note: when entering facility functionality, enter total numbers of hospitals, not individual hospitals) | <p>Not Functional: Facility is critically damaged or affected. Unable to continue any services and evacuation may be required.</p> <p>Partially Functional: Facility experiencing moderate to significant reductions in patient services (significant building damage, loss of major utilities, inadequate emergency power).</p> <p>Fully Functional: Facility may have minor reductions in patient services but is still able to carry out majority of normal operational functions.</p> |
| Medical personnel | Includes physicians, nurses etc., environmental services, public health, clerical |
| Medical supplies | Includes medical equipment, medical care supplies, water, food, generators, toilets etc. |
| Medical transportation | Includes BLS and ALS transportation-both land and air, buses and other types of vehicles. |
| Critical Issues | This section is used to summarize the most important medical and health problems/and or issues confronting the OA. Enter information in summary form, be concise and brief. |
| Medical/Surgical | The number of available beds can include any bed in the hospital that can accommodate/be staffed for medical/surgical type patients. This number can include pediatric, OB/GYN and telemetry beds. |
| Auxiliary Communications | Auxiliary communication is a method of communication employed when standard communications systems (telephones) fail. Examples of auxiliary communications can be amateur radio, fax, RIMS, satellite phones, OASIS. |

ACS

Frequencies

State of California Auxiliary Communication Service (ACS) Network Plan





**State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 15, 2001**

The Emergency Medical Services Authority would like to thank the Disaster Exercise Planning Group members for their contribution to the 2001 Statewide Medical and Health Disaster Exercise Guidebook and planning process.

ACS Planning Group Members include:

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Paul Carlin, OES, Coastal Region
Barbara Center, RDMHS, Region II
Reggie Driscoll, Contra Costa RACES
Bruce Hilliard, Department of Health Services
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David Otey, Kaiser Permanente
Troy Peterson, Marin County EMS Agency
Jim Rich, California Society of Blood Banks
Cheryl Starling, RN, Emergency Medical Services Authority
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